

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10	4-30-98
FORMALITY REVIEW	Cm	71632	5/7/98

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	6/17/97
2	12/12/97
3	12/12/97
4	12/12/97
5	12/12/97
6	12/12/97
7	12/12/97
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9	12/12/97
10	12/12/97
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21	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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